

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for DME equipment.
- b. The request was received on August 19, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated September 11, 2002 that...
"...__ ordered the placement of an Interferential Stimulator for the IE for pain and discomfort attributed to the 11-10-98 compensable injury. Interferential stimulation is a 'home-use' DME item used for control of pain and to assist in healing the injured area. An Interferential Stimulator is NOT a TENS unit. A TENS unit CANNOT assist in healing. According to the Food and Drug Administration, Interferential current units have their own classification..."

2. Respondent: The respondent states in correspondence dated October 8, 2002 that... “We base our payments on the Texas Fee guidelines and the Texas Workers’ Compensation Commission Acts and Rules... Payment has not been issued at our fair and reasonable rate for the two months rental and supplies. Interest was added to each payment...”

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on May 21, 2002 and extending through June 20, 2002.
- The requestor submitted EOBs denying the disputed dates of service for “A—Preauthorization was required, but not requested for this service...”
- The respondent submitted verification that payment of \$300.00 plus interest was paid to the requestor for the two dates of service in dispute. Therefore, the preauthorization issue is moot, and disputed services will be reviewed per the Medical Fee Guideline.
- The requestor billed a total of \$498.00 for the Interferential Stimulator for dates of service May 2, 2002 and June 20, 2002, the respondent paid \$300.00 leaving a balance of \$198.00.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
05/21/02 06/20/02	E1399 E1399	\$249.00 \$249.00	\$150.00 \$150.00	F, A F, A	DOP DOP	MFG, General Information GR (VI) MFG, DME GR(IV) & (VIII) Rule 134.600(h)(11) Sec. 413.011(b)	Requestor has submitted the physician’s prescription and EOBs that support amount billed was fair and reasonable; therefore reimbursement in the amount of \$198.00 is recommended.
Totals		\$498.00	\$300.00				The Requestor is entitled to reimbursement in the amount of \$198.00

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$198.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

MDR: M4-02-5070-01

This Order is hereby issued this ____ day of _____ 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf